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Ophthalmic Literature

VOL. V. MARCH, 1915. NO. 3.

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THE AMERICAN ACADEMY OF OPHTHALMOLOGY AND OTO-LARYNGOLOGY.

In 1896 five-sixths of the membership of the American Ophthalmological Society was drawn from the Atlantic Coast States, which contained less than two-fifths of the population of the country, and of its thirty meetings but one had been held west of the Allegheny Mountains. The Mississippi Valley containing one-half the population, and almost one-half the ophthalmologists of the country had but a single local ophthalmological society.

It was to meet this condition and a real need that the Western Ophthalmological, Otological and Laryngological Society was organized in Kansas City, April 9, 1896. Dr. Adolf Alt of St. Louis was chosen president, and Dr. Hal Foster of Kansas City, secretary, and some fifty members were enrolled. The meeting lasted two days, and papers were read by Dr. Alt, on "Diabetic Retinitis"; by Dr. G. W. Grove on "Javal's Ophthalmometer and the Measuring of Astigmatism"; Dr. J. H. Thompson of Kansas City on "Operations for Senile Cataract," and Dr. H. Z. Gill of Pittsburg, Kansas, on "Diphtheritic Conjunctivitis.

The second meeting was held in St. Louis, Mo., April 8–9, 1897. The program prepared for it promised some seventy-nine papers. Of those read and published, there were twenty referring to ophthalmological subjects. At this meeting Dr. B. E. Fryer of Kansas City was elected president. At the third meeting held in Chicago, April 7 to 8, 1898, some fifteen communications relating to ophthalmology were read and discussed, and the Association was addressed by Dr. H. Knapp of New York.

The fourth meeting was held at New Orleans, February 10 and 11, 1899. Of the twenty-seven ophthalmic papers promised in the preliminary program, twelve were read, including an address by Dr. George T. Stevens of New York. But the attendance was small, and it was several years before the attempt was again made to meet far from the central region where the majority of the members could reach the meeting place by a few hours' travel.

Meetings were held in April, 1900, in St. Louis; April, 1901, Cincinnati; April, 1902, in Chicago, and April, 1903, in Indianapolis. At this last meeting the association reorganized, under the name of the American Academy of Ophthalmology and Oto-Laryngology, constituted of Fellows and Members. The Fellows were to be the older men who had each contributed an acceptable thesis or other paper to the literature; the Members the younger or less known men who had for a period of two years or more devoted themselves chiefly to the practice of one or more of the allied specialties. After the ninth annual

meeting at Denver in August, 1904, the roll showed 176 Fellows and 116 Members.

From the time of this reorganization the Academy ceased to be in any sense a local society. Its tenth meeting was held at Buffalo. Since that time it has met in New York and Boston. It has now 892 Fellows, from all parts of the United States and most of the provinces of Canada. In 1912 the distinction between Fellows and Members was given up, all being ranked as Fellows, of whom a majority are engaged in the practice of ophthalmology, although only a small minority confine themselves wholly to this field of work.

The Transactions of the Academy were first published in the **American Journal of Ophthalmology** and the **Laryngoscope**; the former giving all papers relating to ophthalmology and the latter those relating to ophthalmology, and the latter those relating to otology and laryngology. After a few years the transactions were reprinted from these journals and bound together in a single volume of 200 to 500 pages. This plan was continued until 1905, when they filled a very presentable volume of 496 pages. Since that time the Society has published its own volume of transactions.

In addition to supplying the volume of transactions the Academy in 1912 adopted the plan of supplying to each of its members **Ophthalmic Literature**, or the **Index of Oto-Laryngology**, or both if desired, without cost other than the annual dues. This experiment has proven so satisfactory to the Fellows that it is not likely that the practice will be discontinued, unless something even more valuable is devised to replace it.

The Academy, like the other national bodies devoted to ophthalmology, has had the pleasure and advantage of visits from distinguished guests. In addition to those previously mentioned Mr. R. Marcus Gunn and Dr. Dundas Grant, both of London, addressed the meeting at St. Clair, Michigan, in 1906. At Cleveland, Ohio, in 1908, Mr. J. B. Lawford of London was the guest of honor; and in 1909, in New York, Dr. John Sendziak of Warsaw, Poland, and Dr. Juan Santos Fernandez of Havana, Cuba. In 1910 Mr. Sydney Stephenson, D.O. (Oxon) took part in the proceedings of the Academy; and in 1912 Prof. A. Elschnig of Prague, Mr. C. Heath of London and Prof. Ruttin of Vienna. In 1913 Col. Robert H. Elliot, now of London, previously of Madras, India, gave an address on Corneo-Scleral Trephining.

The Academy covering in a way the same territory as the American Ophthalmological Society, and devoted to the cultivation of the same branch of medical science, it might be expected that rivalry would exist between them. But very little of this has been manifest. The first two presidents of the Academy were members of the American Ophthalmological Society, as have been four of the eight ophthalmologists who have since been chosen to that office; and a large proportion of the members of the latter are Fellows of the former. The older society early adopted the policy of rather restricting its membership, which is now limited numerically to 200. On the other hand, the Academy seeks to bring under its influence every fairly educated

ophthalmologist of good ethical standing in his community, feeling that this is as great a work as any professional organization can undertake. EDWARD JACKSON.

MEETINGS OF OPHTHALMOLOGICAL SOCIETIES.

An Ophthalmological Meeting is being arranged by the Colorado Ophthalmological Society to be held in Denver July 22 and 23. It will not be a new society, but more of a congress conducted on lines similar to those of the Heidelberg and Oxford Congresses; and to it all reputable ophthalmologists will be invited.

Calendar of Meetings: So far as known at this time the French and Heidelberg Congresses will not be held this year. The following are the dates and places for meeting of the national gatherings for 1915:

Ophthalmological Society of the United Kingdom, London, April 22–24.

Pacific Coast Oto-Ophthalmological Society, San Francisco, June 15–17.

American Medical Association, Section on Ophthalmology, San Francisco, June 22–25.

American Ophthalmological Society, New London, Conn., July 6–7.

British Medical Association, Section on Ophthalmology, Cambridge, July 7–9.

Oxford Ophthalmological Congress, Oxford, July 15–16.

Colorado Ophthalmological Congress, Denver, July 22–23.

American Academy of Ophthalmology and Oto-Laryngology, Chicago, October 5–7.

BOOK NOTICES.

Wilbrand, S., and Saenger, A. Die Erkrankungen des Chiasmas. 8vo. 308 pp., 6 pl. and 84 illustrations in the text. Wiesbaden: J. F. Bergmann, 1915.

This work, which constitutes Volume 6, Die Neurologie des Auges, is put out as a jubilee volume, celebrating the twenty-fifth year of the Hamburg-Eppendorf General Hospital. It first takes up the symptomatology of diseases of the chiasm, devoting to it 136 pages. The Etiology occupies 113 pages, of which seventy-seven pages are given to Tumors of the Hypophysis. Finally Operations on the Hypophysis are considered. But in every portion of the work are massed together numerous cases, bearing upon the point under discussion. Like the earlier volumes of Wilbrand and Saenger's work this one brings the reader in close touch with the whole literature of the subject.

It is particularly pleasing to see justice done to the writings on disease of the hypophysis that have been published in ophthalmic journals, and to the American literature, beginning with the papers of H. Knapp (Archiv für Augenheilkunde, Vol. 9), and the case reported by E. Williams (Tr. Amer. Ophth. Soc., 1875, p. 298). The bibliography contains references to 742 papers bearing upon this subject, bringing it down from Laquer's case, published in 1864, to the early part of 1914. The work of Cushing receives due recognition in thirty-two different references.

The book is not free from errors in the spelling of names, a fault so common in continental literature. But in general is up to the high standard of editing, illustrating and printing that has been maintained through the earlier volumes. It is a work without which no one can intelligently study the subject; with it one has practically all of importance about it that has yet appeared in the world's literature.

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Abstracts From Foreign Journals

Bartolotta, E. Valuation of Visual Power in Ametropes. (La Clinica Oculistica, 13th year, p. 1584.)

This is a mathematical demonstration leading to the two following statements: (1) In the myopic eye the **absolute visual acuity,** that is that which is obtained after exact correction with lenses, is equal to the natural visual acuity obtained by direct measurements at the punctum remotum, divided by the sum $1 + 0.022$ D; in which D is the number of diopters of the correcting concave lens. (2) An analogous construction is had with hyperopia; in which the absolute vision after correction with lenses is expressed as being equal to the natural visual acuity obtained by direct measurement at the punctum remotum, divided by the sum $1 - 0.022$ D.

Colombo, G. L. Cystic Formations of the Conjunctiva. (La Clinica Oculistica, 14th year. p. 1621.)

The first cyst described was a large one on the conjunctival surface of the upper lid, interpreted as a retention cyst of a gland of Krause. The second report describes some cysts of the glands of Krause in a very early stage of development, obtained during study of the conjunctiva of a cadaver. The tubule of the gland was dilated from obstruction by a mass of epithelial cells. In the third case there was marked thickening of the upper lid secondary to trachoma of a mild type, without corneal involvement and without entropion or trichiasis. The staining reactions were characteristic of amyloid, without any trace of hyalin. In this same specimen a number of small cysts were found in the thickness of the tarsus. They were explained as retention cysts in the tubules of the Meibomian glands. There were also small cysts in the palpebral conjunctiva, probably due to occlusion of spaces between papillae.

Gebb, H. Experimental Studies as to the Pneumococcicidal Action of Optochinin. (Graefe's Archiv für Ophthalmologie, Vol. 89, p. 29.)

The experiments were conducted both in the test tube and upon animals' eyes. When a loop of pneumococcus culture was mixed with three or four drops of serum bouillon, and a drop of 2 per cent solution of optochinin (ethylhydrocuprein) was added to the mixture, the pneumococci were killed within one minute. When a 1 per cent solution of optochinin was used the cocci were killed within five minutes. A 0.5 per cent solution of optochinin was ineffective in the test tube, even three drops of a solution of this strength failing to inhibit the growth of the pneumococci after as long an interval as sixty minutes.

Experiments as to the action of optochinin on other bacteria showed that even a 5 per cent solution failed to inhibit the growth of xerosis bacilli; that the drug had no appreciable effect upon staphylococci, and that diplobacilli, while their growth was damaged more than that of the xerosis and staphylococcus, were less affected than the pneumococcus.

Elschnig and his school have recommended the use of oxycyanide of mercury for getting rid of streptococci before operation for cataract, the drug being used in 1:5000 solution. Gebb's experiments with the oxycyanide indicate that a strength of 1:5000 does not inhibit the growth of the pneumococcus, and that to kill them a solution of three times this strength is necessary.

Optochinin is completely soluble in distilled water in strengths of from 1/10 per cent to 5 per cent. Gebb has never seen lasting disturbances from instillation of the 2 per cent solution of optochinin. Used upon himself, the 1 per cent solution caused very sharp burning, which gradually disappeared within twenty minutes. It produced a conjunctival hyperemia which lasted about one hour.

Heerfordt, C. F. Cause and Genesis of Malignant Glaucoma and Means for Combatting It. (Graefe's Archiv für Ophthalmologie, Vol. 89, p. 62.)

The most noteworthy of the peculiarities of malignant glaucoma, as first described in 1869 by Graefe, is that the anterior chamber, instead of being re-established within a few hours after operation, is either not re-established at all or only in slight degree. To this a second and highly characteristic peculiarity should be added: that is the development, with gradually firmer closing of the operative wound, of a rise of tension, which as a rule decidedly exceeds the increase of tension which was present before the operation. Gilbert has pointed out that the method of operation cannot be the cause of this change for the worse, since it occurs not only after iridectomy, but also after any of the modern operations, based as they are upon most varied principles.

Referring to his own recent work on the valvular blocking of the vortex veins as a cause of glaucoma (hemostatic glaucoma), Heerfordt argues that the mode of origin of malignant glaucoma is to be explained as follows: (1) There is very close agreement between the clinical symptoms and anatomic changes of malignant and hemostatic glaucoma, since the only variation, that is the complete obliteration of the anterior chamber which arises in malignant glaucoma, is accounted for by the fact that the hemostatic glaucomatous displacement forward of the iris, ciliary body and lens must necessarily be especially pronounced if hemostatic glaucoma occurs in an eye whose anterior chamber is opened. (2) In eyes with chronic glaucoma, at the moment when a surgical opening is made, there exists a decided tendency to the occurrence of "valvular blocking," which (according to Heerfordt's earlier work) is practically certain to produce hemostatic glaucoma. (3) Consequently malignant glaucoma is probably occasioned by the same valvular blocking of the vortex veins which

produces hemostatic glaucoma. Malignant glaucoma is thus conceived as an "exoperative hemostatic glaucoma" (glaucoma hemostaticum exoperativum). Either a valvular blocking may have existed prior to the operation, on the basis of a congenital overlapping of the sinus or of the venous channel, or a valvular block not previously existent may arise during or immediately after performance of the operation.

In the belief that the most malignant cases generally depend upon the occurrence of a venous stasis which did not previously exist, Heerfordt maintains that to avoid such an accident the essential condition is to keep the tension of the eye normal for a suitable length of time before operation. He places the length of this period at seventy-two hours. It is preferable that the pre-operative reduction in tension should be constant and complete. As means for lowering the tension he uses: (1) instillation of a 2 per cent pilocarpin solution in the conjunctiva; (2) the introduction of solid physostigmin salicylate into the conjunctiva, in the bulk of a small pin head, 1½ hours before operation; (3) venesection, according to the method of Eversbusch and Gilbert; and (4) subconjunctival puncture of the anterior chamber with partial evacuation of the aqueous humor.

Nine illustrative cases are described in which Elliot's trephine operation was done and one or more of the prophylactic measures just referred to were employed. (Heerfordt regards Elliot's "quiet iritis" as merely the expression of a venous stasis set in action by the operation.) None of these operations was followed in any marked degree by the "malignant" symptom complex, and none of the operated eyes showed the least subsequent loss of function. All of them belonged to the type of eyes with chronic glaucoma, whose tension is influenced sluggishly, incompletely and only for a short time by pilocarpin. In the majority of the cases the glaucoma was advanced and had existed for a long time, and in most of the cases the tension was quite high. The prophylactic measures referred to are to be employed therapeutically in cases which show any postoperative tendency to a malignant character.

Speciale-Circincione. Surgical Treatment of Hypopion-Keratitis. (La Clinica Oculistica, 14th year, p. 1601.)

From his studies of serpiginous ulcer the author is convinced that the principal injury to the integrity of the cornea is produced by secondary infection. Of the loss of substance caused by the conjunctival and lacrimal secretions, he also remarks that the inertia of the cornea in the face of infection is in large part due to increase of tension, which is constantly present in the first days of the disease. The best remedy against this dangerous disease should be one which succeeded in isolating the corneal focus from attack by conjunctival secretion, and which further facilitated the intraocular lymphatic circulation and that between the corneal layers.

As fulfilling these requirements he describes the following procedure, which is said to be employed in all cases of kerato-hypopion, in whatever stage of development, which enter Cirincione's eye clinic in Rome. After taking care of the conjunctiva and if necessary of the lacrimal passages, the ulcerative focus is electro-cauterized. The conjunctiva is divided in the whole circumference of the cornea. Sclerocorneal trephining is done according to Elliot's method. The conjunctiva is sutured over the cornea in such fashion that the sutures do not touch the cornea, and the raw margins of the conjunctiva are brought together. The result is stated to be that the pain soon ceases and the patient does not require any special care for about ten days, after which the cornea is uncovered.

If complaint of pain is made it is a sure sign that the cornea is at some point in direct contact with the conjunctival secretion. If the conjunctival suture is removed too early reinfection may occur, and if

it is left too long the conjunctiva may adhere solidly to the cornea. Any adhesion of the conjunctiva to the cornea at the end of ten days is liable, and will retire to the limbus within forty-eight hours after removing the suture.

Uhthoff, W. Visual Disturbances From Methyl Alcohol Poisoning. (Klinische Monatsblätter für Augenheilkunde, vol. 54, p. 48.)

About 200 men drank methyl alcohol by mistake for schnaps, out of a barrel of about forty liters. Fifty of the men had severe general symptoms of poisoning, and of these fifty, twelve died. It was impossible to discover whether there had been visual disturbances before death in the fatal cases. Two habitual drinkers had been unaffected in spite of free indulgence. Among the thirty-eight survivors who had shown marked symptoms of poisoning, two became blind, six had slight visual disturbances with small relative central color scotomata, and almost all the others had transient subjective visual disturbances with normal ophthalmoscopic findings. In the twenty-six cases examined by the author, one patient had slight limitation of right lateral movement, and five showed distinct nystagmoid twitching in the extreme lateral positions.

Von Szily, A. Experiments and Thoughts as to the Rôle of Anaphylaxis in Ocular Inflammations. (Klinische Monatsblätter für Augenheilkunde, vol. 54, p. 1.)

This paper is abbreviated from a monograph on the subject which has just been published separately by the writer. Upon the basis of a review of the literature, and of the experiments of himself and others, he reaches the following conclusions: Local anaphylactic inflammations in the eye have considerable theoretical and practical significance for human pathology. In the course of various ocular diseases the conditions for the formation of phlogistically active anaphylactic poison are frequently present. The source may be (a) components of anaphylatoxin from the specific microorganisms; or (b) anaphylactic poison originating from the body tissues under the influence of the body fluids. For the assumption of anaphylactic inflammations in the eye the demonstration of an absolute or even of a high relative organ-specificity of the local albumins is not a condition sine qua non. There are pathologic conditions under which the natural species or organ specificity passes over into a new form of specificity. It is not possible to consider anaphylactic processes as the primary causes of definite typical eye diseases. With full recognition of the significance of anaphylactic processes for human pathology, the assumption of primarily active noxae as the basis of anaphylaxis is indispensable. The "leaping across" of an anaphylactic inflammation to the second, intact eye has not been demonstrated. Neither preliminary treatment of one eye with old tuberculin, nor severe destruction with croton oil, influenced the sensibility of the other eye to old tuberculin.

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